

Increase in Hip Fractures in Hispanic Women

Hip fractures in Hispanic women have been steadily increasing over the past 20 years, according to recent study from the UCLA School of Medicine. Published in the medical journal *Osteoporosis International*, the study by Dr. David Zingmond and colleagues showed a 4.9% annual increase of hip fractures in California Hispanic women since 1983. During the same time period, hip fracture rates decreased by 0.6% per year in non-Hispanic white women. Reasons cited for the alarming increase in Hispanics included poor nutrition, reduced levels of exercise, greater risk of falling, and lower bone density.

Commenting on this study, E. Michael Lewiecki, MD, President of the Osteoporosis Foundation of New Mexico, stated, "While the chance of hip fracture in Hispanic women over age 55 is about 1/3 less than non-Hispanic white women, the trend toward greater fracture risk in Hispanics is cause for concern. The risk of osteoporosis and fragility fractures is largely determined by a combination of genetic and lifestyle fac-

tors. This study illustrates the importance of adequate daily intake of calcium and vitamin D, regular weight-bearing exercise, and fall prevention. In addition, postmenopausal women at risk for osteoporosis should consider having a bone density test to determine whether medication to strengthen the bones and reduce the risk of fractures may be helpful."

Osteoporosis, or bone loss that can lead to fractures, is a disease that affects 44 million Americans. Osteoporosis is a silent disease that causes no symptoms until a fracture or broken bone occurs. There are 1.5 million osteoporotic fractures each year, resulting in loss of independence, disability, and even death.

If you would like more information on osteoporosis, or would like to know your risk of having a hip fracture, talk to your healthcare provider. A bone density test, combined with an evaluation of your "clinical risk factors" for fracture, can provide important information on the need for treatment. Medication can reduce the risk of fracture by about 50% with drugs.

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Clinical Research

Our clinical research program is recruiting patients to participate in studies to test new medications and evaluate new uses for currently available drugs. By participating in a study you will have the opportunity to use one of these medications, have free examinations and tests, and receive reimbursement for your time and travel. If this interests you, please take a few minutes to read the major criteria for participation.

If you think you may qualify for a study, ask for Valerie White, the Research Manager, or call the Research Dept. at (505) 923-3232.

Feel free to pass this newsletter to a friend or relative who may be interested. The drug study information will be updated quarterly, since we are continually starting new studies and closing out old ones. If there is nothing for you now, there may be next time.

Hypertensive Diabetics

This is a clinical research study designed to look at the ability of several different drugs, alone or in combination, to lower blood pressure in people with diabetes. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 22 weeks. Compensation is available to qualified participants.

Qualifications:
Male or female, age 30-75 years, Diagnosed with Type 2 Diabetes, on stable treatment for at least 2 months, HbA1c \leq 9.0%, Have high blood pressure, No heart attack, coronary artery bypass, or intra-coronary interventions within 6 months, No donation of blood/blood products for transfusion 30 days.

Type II Diabetes

This is a clinical research study designed to compare the effects of an investigational medication to placebo as an add-on therapy to glimepiride in patients with type 2 diabetes inadequately controlled with sulfonylurea monotherapy. If you meet all study entry criteria you may be eligible to participate in this 24-week trial. Compensation is available to qualified participants.

Qualifications:
Male or female, 18-80 years of age, No Pregnant or lactating women, HbA1c in the range of 7.5 to 11%, No malignancy including leukemia and lymphoma (not including basal cell skin cancer) within the last five years, No liver disease such as cirrhosis or chronic active hepatitis, No oral antidiabetic treatment other than a sulfonylurea (Amaryl, Diabeta, Diabinese, Glucator XL, Glynase, Pretab, Metaglip, Micronase) within last three months, Generally in good health. #2251

Postmenopausal Osteoporosis or Low Bone Mass

This is a clinical research study designed to assess the efficacy of an investigational medication to reduce the risk of new vertebral fractures and to reduce the risk of invasive breast cancer in postmenopausal women with osteoporosis or low bone mass. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 5 years. Compensation is available to qualified participants.

Qualifications:
Females 60-85 years of age, At least 2 years postmenopausal, No current metabolic bone disorders other than osteoporosis or low bone mass (e.g., hyperparathyroidism, renal osteodystrophy, or osteomalacia), Generally in good health. Meet all study entry criteria.

#2252

Postmenopausal Osteoporosis

This is an open label research study of the effect of an investigational medicine in postmenopausal women with osteoporosis treated previously with risendronate or alendronate. If you meet all study entry criteria you may be eligible to participate. The study will last approximately 12 months. Reimbursement for time and travel is available to qualified participants.

Qualifications:
Women, at least ten years postmenopausal (natural menopause). Have been using either resendronate or alendronate (daily or weekly) uninterrupted for a minimum of 24 months. Must be able to self-inject or have a person to perform daily injections. Take at least 1000 mg of calcium (from all sources). Generally in good health. Meet all other entry criteria.

#2249

Osteoporosis Research Study

This is a clinical research study designed to assess the safety and efficacy of new investigational drug for the prevention of bone loss in post-menopausal women.

Qualifications:
Females at least 45 years of age, naturally or surgically postmenopausal, generally in good health, and meet all other entry criteria you may be eligible.

#2255

Postmenopausal Osteoporosis

This is a clinical research study designed to evaluate an investigational medication in the treatment of postmenopausal osteoporosis. If you meet all study criteria you may be eligible to participate. The study will last approximately 3 years. Compensation is available to qualified participants.

Qualifications:
Postmenopausal females, between 60 and 90 years old, Have osteoporosis, No use of bisphosphonate treatment for osteoporosis for three or more years cumulatively. Meet all other criteria.

#2253

Osteoporosis Support Groups

Osteoporosis Foundation of New Mexico

Presentation Topics

First Quarter 2005
PREVENTION:

Albuquerque Osteoporosis Support Group
Thursday, January 13, 2005
Barbara Thorpe

"Investigation of Sunlight Exposure—vitamin D"

Thursday, February 10, 2005
Dr. Robert Gordon

"HRT Serums & Bisphosphonates for Prevention of Bone Loss"

Thursday, May 10, 2005
"To Be Determined"

Please call the information number listed to R.S.V.P attendance, as seating is limited. \$1.00 fee per presentation.

This is for you if:
You have osteoporosis;
You have a loved one with Osteoporosis;
You are interested in Osteoporosis.

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Osteopenia—Low Bone density

This is a clinical research study designed to evaluate the safety and effect of an investigational medication on bone density in post-menopausal women with Low bone density. Reimbursement for time and travel is available to qualified participants.

Qualifications:
Postmenopausal women between the ages of 50 and 75, inclusive.
Low bone density determined by bone density test at screening. Must not have been on hormone replacement therapy in last 6 months. Generally in good health. Meet all other entry criteria.

Hypertension-Blood Pressure Study

This is a clinical research study to evaluate the effectiveness and safety of Losartan-HCTZ combination as compared to Losartan alone in patients with high blood pressure. To qualified participants, you will be compensated for time and travel expenses. You may qualify for this 6 week trial if you meet all study entry criteria:

Qualifications:
Patient is at least 18 years old.
Diastolic BP \leq 115 mm Hg already on treatment. Diastolic Blood pressure between 95-112 mm Hg with no treatment
No systolic blood pressure 200mm Hg. Stable medical conditions. No clinically significant cardiac events in the last 6 months.

Osteoarthritis

This is a clinical research study designed to evaluate the safety of an investigational medication, taken once daily, for the relief of signs and symptoms of osteoarthritis of the hip and knee. Reimbursement for time and travel is available to qualified participants. You may qualify for this 54-week trial if you meet all study entry criteria.

Qualifications:
Male or female, 45 years or older. Primary OA of the hip or knee, present for at least one year. No history of acute gout or pseudo-gout in the past year. No history of open surgery or arthroscopy to the study joint with-in the last year. No sensitivity to acetaminophen, tramadol, or opioid use. Generally in good health. Meet all other entry criteria.



Woman to Woman

by
Julia Chavez, CNP

So What Exactly is a Nurse Practitioner?

Have you been wondering but were afraid to ask, what is a nurse practitioner? A nurse practitioner (NP) has a Bachelors and Masters degree of Science in Nursing and typically has many years experience as a nurse. A NP has two more years specialized training in a nurse practitioner program including over 1000 hours of clinical training working with an experienced doctor or another experienced nurse practitioner. This is done in several different settings so that the NP can get a variety of experiences.

In New Mexico, a NP can be licensed to practice independently. That is, a NP can have his/her own practice. A NP can diagnose, treat, and write prescriptions independent of a physician.

I am a board-certified family nurse practitioner with a special interest in adult medicine and women's healthcare. Prior to joining New Mexico Clinical Research & Osteoporosis Center, I worked for over 6-years in an urgent care/emergency room setting. I have been with NMCROC since September '2001 and plan to continue to practice here until I retire.

I can take care of most patient's medical problems, but consult with the physicians when needed. I work in conjunction with the physicians, so I can consult with them and take advantage of their expertise.

Ask Dr. Mike Lewiecki about . . . OSTEOPOROSIS

Dear Dr. Lewiecki— I’m worried. I have been taking my osteoporosis medicine for over 3 years. Now my doctor tells me that my bone density test is worse than it was the last time it was measured. I haven’t broken any bones, but I am afraid I will. What should I do? Carolyn P. Albuquerque, NM.

Dear Carolyn – Your concern over bone loss while on drug therapy is justified, and deserves special attention. In fact, this is a special interest of mine. We have studied this problem, and found that about 10% of our patients taking bisphosphonates (Fosamax or Actonel) lost a significant amount of bone when bone density was measured 1-2 years after starting treatment. Furthermore, when a thorough medical evaluation was done on the “bone-losers,” about half of them were found to have a medical problem that had something to do with the bone loss.

In your situation, the first thing to do is to be sure that a high quality bone density tests have

been done, and that the two tests that are being compared are really comparable. This is not as easy as it may seem. To learn more about this, see the box to the right.

You did not give the name of the medication you are taking, but it goes without saying that it must be a proven effective drug in order to expect a bone density response. By the way, a response to treatment is usually considered to be an increase or stabilization of bone density.

If the bone density is going down significantly, it may be because the drug is not being taken, or not being taken correctly, or not being absorbed. It could also be that there is not enough calcium or vitamin being taken or absorbed for the drug to have its full effect.

Finally, there are many diseases and disorders that can interfere with the absorption or effect of medication for osteoporosis, or cause loss of bone that cannot be overcome by even the best medicine. Detailed lab tests can be done to investigate this.

Sincerely,

Mike Lewiecki

WHAT IS A GOOD QUALITY BONE DENSITY TEST?

How can you tell if a test your doctor orders gives you reliable results, or is just “mumbo jumbo.” Of course, you probably trust your doctor, or you would not be there in the first place. But how does your doctor know if the test is a good one?

With bone density tests, there is help for both you and your doctor. An organization called the International Society for Clinical Densitometry (ISCD) educates and certifies physicians who interpret these tests, and the technologists who do them. ISCD certification offers some assurance that minimum educational standards have been met.

In addition, something called “precision assessment” must be done for a bone densitometry center to be able to tell whether a change in bone density is significant, or within the range of measurement error for the instrument. A value called the “Least Significant Change” is used to determine if a change in your bone density is one that really matters.



Support osteoporosis education in New Mexico. The Osteoporosis Foundation of New Mexico is a local non-profit 501(c)(3) foundation. Consider a tax-deductible donation or bequest. Donations may be mailed to Osteoporosis Foundation of New Mexico at 300 Oak St. NE, Albuquerque, NM 87106. For more information, call Yvonne Brusuelas at 505-855-5627, or visit the web site at www.osteoporosisfoundationnm.org.



Meet Your Medical Assistants

Janette Wiggins

Janette has been part of our team for 6-years. In 1998 she attended Pima Medical Institute and became a registered medical assistant. Prior to school, she worked in retail sales for 20-years and raised 3 daughters. She has been with her husband Clark for 20 years and has been a resident of Albuquerque since 1965.

Sindy Padilla

Sindy became part of our team in February 2004. Sindy obtained her training at the National Education Center for Medical Assistants in sunny California. Prior to school, Sindy worked for a primary care provider until he passed away in 1998, and then went on to become a certified phlebotomist. After living in California for over 30-years, Sindy returned to her native New Mexico.

A message from you medical assistants:

Hello everyone! We hope this finds you in good health. Just a short note to tell you a **few** things we, your medical assistants do on a daily basis. Between the doctors and Julia Chavez, our nurse practitioner, we care for approximately 6000 active patients. The office sees about 50 to 60 patients a day. We have an extremely busy job, but we love take to care of each and every one of you.

Besides rooming each of you, taking a brief history and doing vital signs, we also phone each and every one of you with your results on every test we order. If you haven't heard from someone in our office within 2 weeks after a test, please don't hesitate to call.

When you aren't feeling well and you call to be seen by one of our providers, we determine how serious your problem is and whether or not it is an emergency. Rest assured we will bring you in as quickly as possible. If your problem is a true emergency (severe chest pains, etc.) you will be advised to go to the Emergency Room. Please don't feel we are trying to "pass the buck." If you come in to the office with a truly serious problem, we will more than likely send you to the ER anyway! We're just trying to save you time and get the medical help you need.

Prescription refills also take up a big part of our days. Unfortunately, because we have to prioritize the patient care, we are no longer able to fax your mail order prescriptions due to the increased volume of mail order companies. Each company has many different departments for different insurance companies and we can't keep track of all the different fax numbers. There just isn't enough time in the day. Our apologies

We try to bring you back for your exam as quickly as we can but sometimes we do get backed up. There are times we have to work patients in with serious symptoms ahead of you. We know how important your time is and we apologize for any delays. Please bear with us on those busy days!

We want you to know that whenever you need us, you are more than welcome to call us. It is our job and our privilege to care for you.

Sincerely,

Janette

Sindy

